Effective November 10, 1998												528	28
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMA		ENTITY	OR	OTHER SMALL	
FOR			NUMBER FILED		- 1	NUMBER EXTRA		RATI	_	FEE	1 1	RATE	FEE
BASIC FEE										380.00	OR		760.00
TOTAL CLAIMS			2 / minus 20=			•		X\$ 9	=		OR	X\$18=	18
INDEPENDENT CLAIMS			5 minus			1= 2		X39:	=		OR	X78=	156
MULTIPLE DEPENDENT CLAIM PRESENT							+130	_		OR	+260=	7 7 ~	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA			OR	TOTAL	G2 (1
CLAIMS AS AMENDED - PART II									- 1		1011	OTHER	THAN
(Column 1) (Column 2) (Column 3)								SMA	LLE	NTITY	OR	SMALL	
AMENDMENT A		REM/	AIMS AINING TER DMENT		P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATI	Ш	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 9		Minus	***	21	= \( \Q \)	X\$ 9	=		OR	X\$18=	
	Independent	• 5	5	Minus	**	<u> </u>	- 🛇	X39=	<u> </u>	-	OR	X78=	•
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									=		OR	+260=	
									ΓAL		OR	TOTAL	•
(Column 1) (Column 2) (Column 3)									EE			ADDIT. FEE	
AMENDMENT B		CL	AIMS		-	HIGHEST	(Column 3)		-	ADDI-			ADDI-
		AF	AINING TER IDMENT		P	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	≣	TIONAL FEE		RATE:	TIONAL
	Total	*		Minus	**		=	X\$ 9:	=		OR	X\$18=	
	Independent FIRST PRESE	NTATIC	N OF M	Minus	EPEN		=	X39=	:	•	OR	X78=	
	THOTPHEOL	MAIN	A O IVI			DENT CEAN		+130:	=		OR	+260=	
									AL EE		OR	TOTAL ADDIT. FEE	
			ımn 1)		(0	Column 2)	(Column 3)						
AMENDMENT C		REMA	AIMS AINING TER DMENT		Р	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	,	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• /	0	Minus	**	21	= //	X\$ 9=	. T		OR	X\$18=	
	Independent	. 2		Minus	**		-/	X39=	7	-	<u></u>	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												+260=	
***	f the "Highest Nu If the "Highest Nu	mber Pre mber Pr	viously Pa viously Pa	aid For IN TI aid For IN TI	HIS SP	ACE is less that ACE is less that	n 20, enter "20."	TOT/ ADDIT. FE ound in the	EL		-	TOTAL ADDIT. FEE Jimn 1.	

FORM PTO-875 (Rev. 11/98)